PATENT APPLICATION FEE DETERMINATION RECOI Effective December 29, 1999										(	<u>]. 1</u>	QF	5391	/elp
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI TYPE		ITITY	OR	OTHER SMALL	
FC	OR .	·	NUMBE	ER FILED		NUMBER I	EXTRA		RATE	T	FEE .	1	RATE	FEE
BA	ASIC FEE									3	345.00	OR		690.00
TOTAL CLAIMS			13	5 minus	20=	.2			. X\$ 9=	T		OR	X\$18=	90
INC	DEPENDENT CL	AIMS				•	_]		X39=	T		OR	X78=	
MU	JLTIPLE DEPEN	IDENT	CLAIM PRESENT			<u> </u>				+		Un		<del>                                     </del>
• If	* If the difference in column 1 is less than zero, enter "0" in column 2								+130=	_	!	OR	+260=	
									TOTAL	·L		OR	TOTAL	180
	Column 1) (Column 2) (Column 3)								SMALL	L EN	TITY	OR	OTHER SMALL E	
AMENDMENT A		REM.	AIMS IAINING FTER NOMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.0	15	Minus	**	75	=		X\$ 9=	L		OR	X\$18=	
AME	Independent FIRST PRESEI	NTATIC	DN OF MI	Minus ULTIPLE DEF	PEND		<u> </u>		X39=	I		OR	X78=	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		74 C	76111 CE DE.		/LITE OCH			+130=	T		OR	+260=	
,	11210							_	TOTAL			OR ,	TOTAL ADDIT, FEE	
L	+12114	) (C <u>ol</u>	umn 1)		(C	Column 2)	(Column 3)	•	יוטטוו. רבי			-	ADDIT. PEE	
8		CL	AIMS IAINING	75.10	1	HIGHEST NUMBER	PRESENT	Г		TA	DDI-			ADDI-
		AF	FTER NOMENT		PR	REVIOUSLY PAID FOR	EXTRA		RATE	TIC	ONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	-	Y	Minus	<u> </u>		=		X\$ 9=	T		OR	X\$18=	
AME	Independent	<u>  •                                     </u>		Minus	1	<u>/·                                    </u>	z	ſ	X39=	T		OR	X78=	
	FIRST PRESE	NTATIO	IN OF MU	JLTIPLE DEF	END	DENT CLAIM		t	· ·	+		\hat{\bullet}		_ <del></del>
								L	+130=			OR	+260=	
1/	NIXINE	,		•				A	TOTAL ADDIT, FEE			OR ,	TOTAL ADDIT. FEE	
1	7/3/10		umn 1)				(Column 3)		<del>-</del>	,				
ENT C		REM/	AIMS IAINING TER IONIENT		PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· \	M	Minus /			=	Γ	X\$ 9=	1		OR	X\$18=	_ <del></del>
I NE	Independent		Ill	Mi) us	****		=	t	X39=	+		F	X78=	
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+	<b>—</b>  '	OR		
٠,	If the entry in colum	t ie l	than th	in agir			·d	L	+130=		(	OR	+260=	
•==	If the "Highest Nurr "If the "Highest Nurr	mber Pre mber Pre	eviously Pai eviously Pai	aid For" IN THIS aid For" IN THIS	S SPA IS SPA	ACE is less than ACE is less than	n 20, enter "20." In 3, enter "3."	~	TOTAL DDIT. FEE	<u> </u>			TOTAL ADDIT. FEE	
•	The Highest Number	ber Prev	riously Pair	d For" (Total or	Inder	pendant) is the	highest number	four	nd in the ar	ppropr	riate box	in colu	umn 1.	

Application or Docket Number